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Confidentiality Agreement

I, _____ accept full responsibility for the personal identification and password codes issued to me for access to the Merivale Medical Imaging computerized Radiological Image and Patient Information System. In order to protect the confidentiality of the information to which I am now part of, I agree that:

1. The Merivale Medical Imaging computing facilities are to be used for authorized purposes and in the support of Merivale Medical Imaging approved activities only.
2. I will not attempt to access information in the Merivale Medical Imaging computer system which is not required by my day to day responsibilities. Browsing through patient records or accessing records that are not required is strictly prohibited.
3. The personal identification and password codes are assigned to me only and I must not share them with others. I will take all reasonable precautions to protect the privileges assigned to me. If I have any reason to believe that another person is aware of my password, I will immediately change it.
4. I will not attempt to access or alter information in the Merivale Medical Imaging computer system by using any user or group identification codes other than my own.
5. I will not permit another person to access or alter information in the Merivale Medical Imaging computer system under my personal identification code, after I have logged on the system.
6. It is my responsibility to logout of the system when my work is complete or when I leave my station for a period of time.
7. It is my responsibility to report incidences of improper and/or illegal activities which include using the Merivale Medical Imaging facilities for abusive and/or malicious communications. Such reports must be made immediately to your supervisor or directly to the administration.
8. I understand my responsibility for respecting patient's privacy and protecting the confidentiality of information to which I have access.

Signature: _____

Date: _____